

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/4685533  
FILING DATE

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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50					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

IND.	DEP.	IND.	DEP.	IND.	DEP.
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99					
100					
TOTAL IND.	8				
TOTAL DEP.	23				
TOTAL CLAIMS	31				